

Hepatitis Headlines

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Viral Hepatitis Surveillance and Prevention Unit, Michigan Department of Health and Human Services

www.michigan.gov/hepatitis

Happy Trails Geoff!

As an unrestricted free agent the CD Division MVP is taking his talents to the Rockies! As you may have heard, Geoff Brousseau is departing MDHHS and has accepted a position as a clinical research data coordinator for breast cancer and sarcoma clinical trials at the University of Colorado Cancer Center in Denver. His last day with us was June 11th.

Geoff was a keystone of our team and his attitude, work ethic, integrity, and customer service will be missed. But as sad as we are to be losing Geoff, we are equally excited for his new adventure. Geoff was recently married and he and his bride have decided to head west. He plans on hiking lots of "14ers", seeing lots of concerts at Red Rocks and determining if the Rocky Mountains are as great as John Denver says they are.

Farwell, good luck and best wishes from us all!

-Joe Coyle



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Outbreak of HCV and HIV in Rural Indiana

In March 2015, the town of Austin, Indiana was deemed to be in the throes of an HCV and HIV outbreak. This small, rural, town is used to seeing about 5 cases of HIV a year, not the 169 new cases (as of June 17, 2015) that had been identified since January 2015.

The cause of the outbreak is related to injecting drug use (IDU), specifically the sharing of injecting drug equipment. In this community, IDU is a multi-generational practice, often with up to three generations injecting drugs together. Syringe sharing has also been noted to be a common practice. The current drug of choice is the prescription drug, Opana. Opana is a semi-synthetic opioid with a short half-life and therefore, must be injected several times a day in order to maintain a high.

The outbreak response in Austin has been riddled with several barriers; cost and funding issues related to surveillance, loss of clinic(s) and shortage of appropriate mental health and addiction treatment services. Additionally, HIV is highly stigmatized and misunderstood in this community which has led to the circulation of misinformation and rumors. These misguided beliefs and stigmas have made it difficult for clients to feel comfortable to present for testing and treatment.

In an attempt to halt further spread of HCV and HIV, Indiana's ban on needle exchange programs was temporarily reversed for Scott County, the county where Austin is located, and is being operated by the local health department. Other attempts to curb the outbreak include testing everyone that may have been exposed, getting positive cases linked to care, as well as educate/counsel the community on prevention practices and the benefits of treatment. These efforts appear to be making a difference, as the number of new cases has declined dramatically in recent weeks, with as few as zero to two new cases a week.

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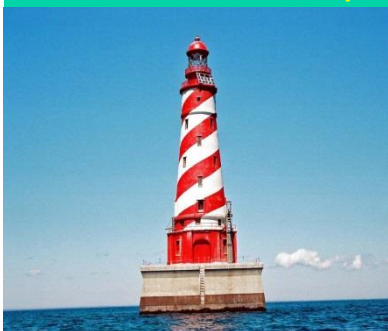
Needle Exchange Programs in MI

With news of the [Indiana HCV/HIV outbreak](#) associated with injection drug use hitting the media, the subject of needle exchange has emerged as well. In response to the Scott County outbreak the governor of Indiana has declared a state of emergency and approved the operation of the first needle exchange program in the state of Indiana to interrupt the spread of HIV.

Is needle exchange legal in Michigan? Currently federal law prohibits the use of federal dollars to fund needle exchange programs. However, local governments in Michigan can draft laws to allow needle exchange programs to run in their communities. Michigan currently has four needle exchange programs in operation throughout the state:

- Detroit – [Community Health Awareness Group](#)
- Flint – [Wellness Services](#)
- Grand Rapids – [Clean Works](#)
- Ypsilanti – [HIV/AIDS Resource Center](#)

-Kim Kirkey



HCV and HIV in Indiana (continued)

The community outreach center will remain in operation for at least a year, as will the needle exchange program.

These risk factors are not unique to southern Indiana. In Michigan and across the country, we have observed increases in substance abuse treatment admissions due to opiates, opiate overdose deaths, opiate drug arrests, and HCV infections among young adults. The article on page 3 of this newsletter covers many of these data elements. What is clear is that once HIV is introduced into this population it has the potential to spread extraordinarily quickly. While southern Indiana may be among the first to have identified an HIV outbreak in this population, it likely will not be the last.

On April 24th 2015 the CDC released a health Advisory regarding the [Outbreak of Recent HIV and HCV Infections among Persons Who Inject Drugs](#). The HAN outlines recommendations for health departments as well as healthcare providers. MDHHS is collaborating across multiple departments (substance abuse, epidemiology, HIV prevention and care) to develop a response plan and evaluate our current capacity to respond should an outbreak of HCV/HIV be detected in Michigan. If the opioid epidemic continues to grow we certainly need to be prepared for the possibility, if not the eventuality, of clusters of HIV infection related to IDU.

-Emily Goerge

Preventing Healthcare-Associated Viral Hepatitis Infections

Despite advances in healthcare technology, viral hepatitis infections associated with healthcare still occur in North America when [fundamental infection control policies and procedures are not observed](#). Improper cleaning and disinfection of instruments, drug diversion, reuse of blood glucose monitoring equipment, and using needles/syringes or single dose vials for more than one patient have all been implicated in viral hepatitis healthcare outbreaks.

In response, the Viral Hepatitis Unit has been working to develop a webinar series as part of their Healthcare Associated Infection prevention project. The goal is that this series of webinars will help raise awareness of this important public health issue and help educate healthcare workers, providers, and administrators on best practices to prevent healthcare-associated viral hepatitis transmission. The webinar series will have a total of five short modules, 20 minutes or less in duration, covering various infection prevention topics along with an introduction module. The episodic nature of the webinars allows users to view them at their leisure as time allows. Topics covered include:

- 1) Three Simple Rules for Safe Diabetes Care
 - Fingerstick Device Use
 - Blood Glucose Monitoring
 - Insulin Pen Use

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Trends in HCV and Heroin Use in Michigan

Previously, we described the [association between HCV and young adults](#) who inject drugs and presented data showing that [HCV infections among young adults in Michigan were on the rise](#). Most of these infections occurred in [white suburban/rural populations and seemed to be associated with injection heroin use](#) (often preceded by prescription opioid abuse).

With the recent outbreak of HIV and HCV in Indiana, it seemed prudent to re-examine this topic. HCV is orders of magnitude more infectious than HIV, therefore it stands to reason, that clusters of HCV associated with injection drug use are a marker of risk factors that may also fuel HIV transmission. Though we have not seen a large-scale increase in HCV-HIV co-infection incidence, we have observed a steady increase in the prevalence of these co-infections.

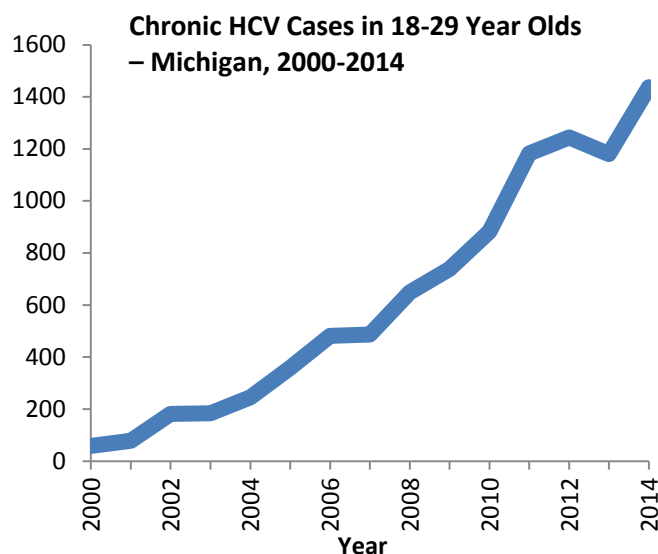
In recent weeks we have developed some charts and maps that build upon this knowledge. Included here are trends in HCV infections in individuals less than 30 years old, heroin overdose deaths, and heroin treatment admissions.

SUMMARY

- HCV cases in persons aged 18-29 years old increased from **59** in 2000 to **1,437** in 2014
- This rise is thought to be related to increases in intravenous drug abuse, particularly heroin:
 - **94%** of HCV positive young adults reported using IV drugs; heroin being the most common
 - Young adults with HCV diagnoses tend to be:
 - Caucasian (over 90%)
 - Live in suburban or rural areas
 - Equally male and female
- Heroin overdose deaths have increased from **85** in 2000 to **321** in 2013
- Substance abuse treatment admissions due to heroin have increased from **9,023** in 2000 to **15,419** in 2013

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Year	18-29 Year Old HCV Cases
2003	184
2004	246
2005	359
2006	482
2007	486
2008	649
2009	739
2010	882
2011	1,182
2012	1,244
2013	1,180
2014	1,437



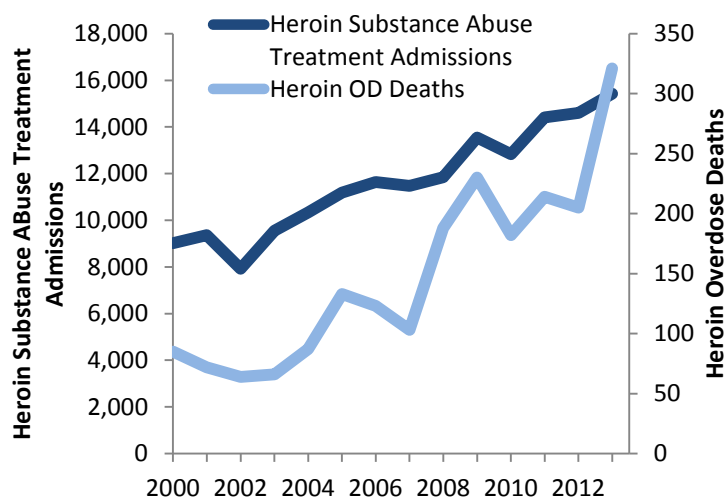
Viral Hepatitis HAI's (continued)

- 2) Injection Preparation and Administration
 - Hand Hygiene
 - Vial Handling
 - Needle/ Syringe Use
- 3) Protect Yourself Protect Your Patient (Environment of Care)
 - HBV Vaccination Recommendations
 - Cleaning, Disinfection, Sterilization
- 4) Don't Become the Headline: Addressing Drug Diversion
 - Drug Diversion Overview
 - Drug Diversion Prevention
- 5) Sustaining Results Over Time
 - Injection Safety Related Policy Development
 - Monitoring Injection Practices

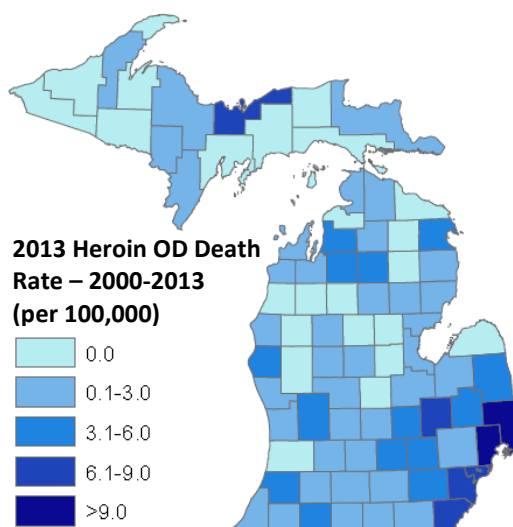
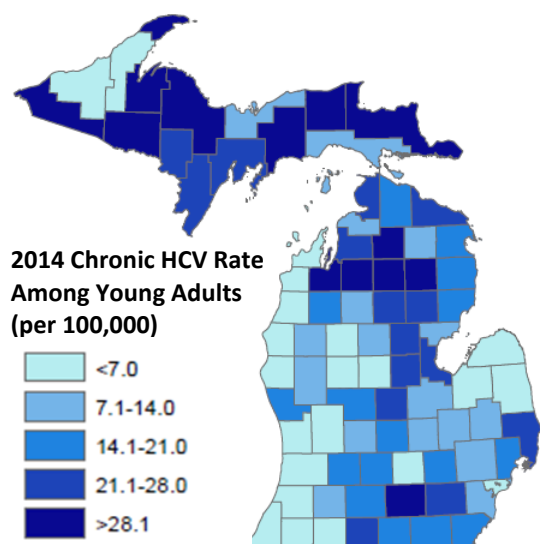
All of these modules plus additional materials and fact sheets from the One and Only Campaign and the CDC will be available on MDHHS's new injection safety webpage www.mi.gov/injectionsafety.

-Chardé Fisher

Trends in HCV and Heroin Use in Michigan (cont)



Year	Heroin OD Deaths	Heroin Tx Admissions
2000	85	9,023
2001	72	9,367
2002	64	7,921
2003	66	9,558
2004	87	10,331
2005	133	11,182
2006	123	11,642
2007	103	11,481
2008	188	11,843
2009	230	13,548
2010	182	12,836
2011	214	14,413
2012	205	14,596
2013	321	15,419



The trends in substance abuse treatment admissions, overdoses, and HCV cases among young adults is concerning. These trends are occurring state-wide, though some areas seem to be more affected than others. Though these data are not without their limitations, the complementary nature of these data elements along with geographical and spatial correlations give us an idea of where to focus public health efforts and resources. Without swift and coordinated public health action to curb these trends, it is possible that Michigan could be facing a public health crisis like Southern Indiana. We hope that the increased attention this topic is getting is followed by funding and resources to adequately tackle this issue.

-Joe Coyle



Save the Date

7/9 – ELC Meeting (Lansing)

7/17 – SEMEC (Wayne)

Sep 21/22 – [International Conference on Viral Hepatitis](#)

Week of Sep 21st – [HCV Advocate training in Kzoo and Flint \(Details to come\)](#)

10/7-10/8 – [MI Premier Public Health Conference](#)

10/8-10/9 – [MSIPC Fall Conference](#)

Helpful Links

www.michigan.gov/hepatitis

www.michigan.gov/hepatitisb

www.michigan.gov/cdinfo

www.michigan.gov/hai

[CDC Hepatitis](#)

[Know More Hepatitis Campaign](#)

[Know Hepatitis B Campaign](#)

[CDC Hepatitis Risk Assessment](#)

[Hepatitis A](#)

[Hepatitis B](#)

[Hepatitis C](#)

[USPSTF](#)

[AASLD](#)

[Institute of Medicine Report](#)

[One and Only Campaign](#)

[Injection Safety Resources](#)

[Hepatitis Occupational Exposure Guideline](#)

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